

MSFC FLEXIPLACE APPLICATION AND AGREEMENT

Employee's Name:	Office Telephone Number:
Job Title:	Grade:
Organization:	Mail Code:
Home Address (Include Street, City, State and Zip Code):	Home Telephone Number:
Supervisor's Name:	Supervisor's Telephone Number:

FLEXIPLACE OPTION

☐ REGULAR

☐ EPISODIC

☐ MEDICAL

1. Describe the type of work to be performed at alternate work site. (If more space is needed, attach additional sheets):

2. Briefly describe how you meet the criteria for participation (See MPG 3000.1). Provide doctor's certification if eligibility is based on medical condition:

I agree to adhere to the MSFC Flexiplace Program guidelines and policies. I understand my supervisor and I must attend a MSFC Flexiplace Orientation prior to participation.

Employee's Signature: _____

Date: _____

MSFC FLEXIPLACE APPLICATION AND AGREEMENT (Continued)

DATES OF FLEXIPLACE ASSIGNMENT

Beginning Date: _____

Ending Date: _____

TOUR OF DUTY AT FLEXIPLACE WORK SITE

Monday

Tuesday

Wednesday

Thursday

Friday

TOUR OF DUTY AT MSFC

Monday

Tuesday

Wednesday

Thursday

Friday

APPROVAL/DISAPPROVAL

☐ I **APPROVE** the employee's participation in the MSFC Flexiplace Program and will schedule an orientation with the Program Coordinator prior to program Participation.

☐ I **DISAPPROVE** the employee's participation in the MSFC Flexiplace Program.

Reason for Disapproval:

First Level Supervisor's Signature:

Date:

CONCURRENCE

Second Level Supervisor's Signature:

Date:

Third Level Supervisor's Signature:

Date:

Following approval for Flexiplace participation, the employee must provide the supervisor and timekeeper with a copy of this form and send the original to the Flexiplace Program Coordinator, CD10, Human Resources Department.

ORIENTATION TO BE COMPLETED BY PROGRAM COORDINATOR

MSFC FLEXIPLACE ORIENTATION ATTENDED BY:

SUPERVISOR

☐ **NO**

☐ **YES**

Date: _____

PARTICIPANT

☐ **NO**

☐ **YES**

Date: _____

MSFC Flexiplace Coordinator's Signature:

Date: